SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138



Bayfield Co. Zoning Dept.

| Permit #: | 20-0 |
|--------------|--------------|
| Date: | 1-29-20 |
| Amount Paid: | \$150 1-24-2 |
| Refund: | |

INSTRUCTIONS: No permits will be issued until all fees are paid.

| Contractor: Contractor Phone: Plumber: Authorized Agent: (Person Signing Application on behalf of Owner(s)) Elaine DeCastecker Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorized Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorized Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorized Agent Phone: Tis-209-8034 Agent Mailing Address (include City/State/Zip): Written Authorized Agent Phone: Tis-209-8034 Agent Mailing Address (include City/State/Zip): Written Authorized Agent Mailing Address (include City/State/Zip): Agent Phone: Tis-209-8034 Agent Mailing Address (include City/State/Zip): Written Authorized Agent Mailing Address (include City/State/Zip): Attached Phone: Tis-209-8034 Agent Mailing Address (include City/State/Zip): Written Authorized Agent Phone: Tis-209-8034 Agent Mailing Address (include City/State/Zip): Attached Phone: Tis-209-8034 Agent Mailing Address (include City/State/Zip): Address (include City/State/Zip): Attached Phone: Tis-209-8034 Agent Mailing Address (include City/State/Zip): Attached Phone: Ti | : 3/-9/18 none: othorization | | | | | | |
|--|--|--|--|--|--|--|--|
| Dale Kelm Legal Description: Contractor | : 3/-9/18 hone: horization No ing Ownership) | | | | | | |
| Address of Property: 16953 Badger Rd. Contractor: Contractor Phone: Authorized Agent: (Person Signing Application on behalf of Owner(s)) Elaine DeCastecker PROJECT LOCATION Legal Description: (Use Tax Statement) Agent Phone: 715-209-8034 Agent Mailing Address (include City/State/Zip): Agent Phone: 715-209-8034 Agent Mailing Address (include City/State/Zip): Agent Mailing Address (include City/State/Zip): Written Authorized Agent: (Person Signing Application on behalf of Owner(s)) Toynof: Cell Phone: 715-33 Written Authorized Agent: (Person Signing Application on behalf of Owner(s)) Toynof: Cell Phone: 715-33 Written Authorized Agent: (Person Signing Application on behalf of Owner(s)) Toynof: Legal Description: (Use Tax Statement) Town of: Lot Size Acreage | none: Athorization No ing Ownership) | | | | | | |
| Contractor: Contractor Phone: Plumber: Plumber: Plumber Properties | none: Athorization No ing Ownership) | | | | | | |
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| PROJECT LOCATION Legal Description: (Use Tax Statement) 22/58 Acreage Recorded Document: (Show 2019 R | No ring Ownership) | | | | | | |
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| PROJECT LOCATION Legal Description: (Use Tax Statement) 22/58 Recorded Document: (Show 2019 R 5) 21/4, | ing Ownership) | | | | | | |
| LOCATION Legal Description: (Use Tax Statement) 27/58 2019 R 55 1/4,1/4 Gov't Lot | 80/87 | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| ☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) ☐ Distance Structure is from Shoreline : Is your Property | | | | | | | |
| Creek or Landward side of Floodplain? If yescontinue | Are Wetlands Present? | | | | | | |
| X Is Property/Land within 1000 feet of Lake, Pond or Flowage Distance Structure is from Shoreline: | □ XYes | | | | | | |
| If yescontinue → 1/12 feet No | | | | | | | |
| | | | | | | | |
| Value at Time of Completion Total # of What Type of | Type of | | | | | | |
| * include Project # of Stories Foundation Sewer/Sanitary System | Water | | | | | | |
| donated time & property Is on the property? | property | | | | | | |
| □ New Construction □ 1-Story Basement □ 1 □ Municipal/City | ☐ City | | | | | | |
| \$ 5,000 Addition/Alteration | _ Well | | | | | | |
| ☐ Conversion ☐ 2-Story ☐ Slab ☐ 3 ☐ Sanitary (Exists) Specify Type: Coally ☐ Relocate (existing bldg) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Privy (Pit) or ☐ Vaulted (min 200 gallon) |) | | | | | | |
| □ Run a Business on Use □ None □ Portable (w/service contract) | | | | | | | |
| Property Year Round Compost Toilet None | _ | | | | | | |
| | | | | | | | |
| Proposed Construction: | (ı | | | | | | |
| Teiget. | · · | | | | | | |
| Proposed Use | Square Footage | | | | | | |
| □ Principal Structure (first structure on property) (X) | 9 | | | | | | |
| Residence (i.e. cabin, hunting shack, etc.) with Loft (X) | | | | | | | |
| with Loft (X) Residential Use with a Porch (X) | | | | | | | |
| with (2 nd) Porch (X) | | | | | | | |
| with a Deck (X) | | | | | | | |
| with (2 nd) Deck (X) Commercial Use with Attached Garage (X) | | | | | | | |
| Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities) (X) | | | | | | | |
| ☐ Mobile Home (manufactured date) (X) | ☐ Mobile Home (manufactured date) (X) | | | | | | |
| Municipal Use Addition/Alteration (explain) added roof over barch (16 x 8) | 128 | | | | | | |
| Accessory Building (explain) (X) | | | | | | | |
| Accessory Building Addition/Alteration (explain) (X) | | | | | | | |
| | | | | | | | |
| □ Special Use: (explain) (X) | | | | | | | |
| ☐ Conditional Use: (explain) (X) | | | | | | | |
| | | | | | | | |

Owner(s): (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application) n behalf of the owner(s) a letter of authorization must accompany this application)

Authorized Agent: _

Address to send permit 16955 Badger Rd

1-21-20

Copy of Tax Statement

low: Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL

(1) Show Location of:

Proposed Construction

(2) Show / Indicate: North (N) on Plot Plan

Show Location of (*): (3)

(*) Driveway and (*) Frontage Road (Name Frontage Road)

Show: (4) (5)Show:

All Existing Structures on your Property

(6) Show any (*): (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

Show any (*): (7)(*) Wetlands; or (*) Slopes over 20%

see attached page from a property appraisal

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description Measurement Description Measurement Setback from the Centerline of Platted Road Feet Setback from the Lake (ordinary high-water mark) Feet Setback from the Established Right-of-Way Feet Setback from the River, Stream, Creek Feet Setback from the Bank or Bluff Feet Setback from the North Lot Line Feet 720 Setback from the South Lot Line Feet Setback from Wetland 147 Feet Setback from the West Lot Line Feet 20% Slope Area on the property 45 Yes No Setback from the East Lot Line 57 Feet Elevation of Floodplain Feet Setback to Septic Tank or Holding Tank Feet Setback to Well 30 Feet Setback to Drain Field Feet

Setback to Privy (Portable, Composting) oundary line from which the setback must be measured must be visible from one previously surveyed corner to the Prior to the placement or construction of a structure within ten (10) feet of the minimum re other previously surveyed corner or marked by a licensed surveyor at the owner's expense. in ten (10) feet of the minimum required setback, the bo

Feet

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

| Issuance Information (County Use Only) | Sanitary Number: | 164153 | # of bedrooms: | Sanitary Date: 7-8-96 | | |
|--|---|---|-----------------------|--|--|--|
| Permit Denied (Date): | Reason for Denial: | | | | | |
| Permit#: 20-002 | Permit Date: 1-20 | 7-2020 | | | | |
| Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming ☐ Yes | ous Lot(s)) No | Mitigation Required Mitigation Attached | ☐ Yes ☐ No ☐ Yes ☐ No | Affidavit Required Service Yes No No No | | |
| Granted by Variance (B.O.A.) ☐ Yes ✓ No Case #: | Previously Granted by Variance (B.O.A.) ☐ Yes ✓ No Case #: | | | 1: | | |
| Was Parcel Legally Created Was Proposed Building Site Delineated ✓ Yes □ No | | Were Property Lines Represented by Owner Was Property Surveyed Yes CGM No | | | | |
| Inspection Record: Existing decklentrance had a roof placed over it when the poerious owner had the whole house re-roofed. | | | | Zoning District (\mathcal{R}) Lakes Classification (3) | | |
| Date of Inspection: 1-15 - 2020 Inspected by: Inspected by: | | | | Date of Re-Inspection: | | |
| Condition(s): Town, Committee or Board Conditions Attached? | | | | | | |
| Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks. Date of Approval: | | | | | | |
| Date of Approval: 1-28-20 | | | | | | |
| Hold For Sanitary: Hold For TBA: | Hold For Affic | davit: 🗌 | Hold For Fees: | | | |

Bayfield County Web AppBuilder



Village, State or Federal
May Also Be Required
After-the-Fact

LAND USE - X

SANITARY - 264153 (7/8/1996)

SIGN
SPECIAL
CONDITIONAL
BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Dale Kelm / Elaine Decastecker, Agent Issued To: 20-0021 No. Town of **Keystone** Range 7 W. Township 22 Section Location: $\frac{1}{4}$ of -CSM# 886 Subdivision Block 2 Lot Gov't Lot

For: Residential Addition: [1- Story; Covered Porch (16' x 8') = 128 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction If required. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

January 29, 2020

Date